

SERIAL NUMBER 09/271,094	FILING DATE 03/17/99	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. ATX-004
-----------------------------	-------------------------	--------------	------------------------	--------------------------------

APPLICANT: VAHID SAADAT, REDWOOD SHORES, CA; JOHN H. REAM, SAN JOSE, CA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
 VERIFIED THIS APPLN IS A CIP OF 08/863,791 05/27/97 US PAT 5921848  
 22 AND A CIP OF 08/863,877 05/27/97 US PAT 5910150  
 AND A CIP OF 08/863,925 05/27/97 US PAT 5941839

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
 VERIFIED 22 *naple*

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
 VERIFIED 22 *NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/08/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
---	---	------------------------	---------------------	--------------------	-------------------------

Verified and Acknowledged Examiner's Initials Initials

ADDRESS: NICOLA A PISANO  
FISH & NEAVE  
1251 AVENUE OF THE AMERICAS  
NEW YORK NY 10020

TITLE: APPARATUS AND METHODS FOR STIMULATING REVASCULARIZATION AND/OR TISSUE GROWTH

FILING FEE RECEIVED \$398	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------	---	---